## UNITED STATES DISTRICT COURT DISTRICT OF OREGON

	Civil Case NoBR
USA Plainti	APPLICATION FOR SPECIAL ADMISSION – PRO HAC VICE
v.	ADMISSION - I NO HAC VICE
	UNDY, et al
Detend	ianu(s).
the above-capti	
	of Attorney Seeking <i>Pro Hac Vice</i> Admission: I have read and understand the fLR 83-3, and certify that the following information is correct:
(1)	PERSONAL DATA:
	Name: MUMFORD, MARCUS R. (MI) (Suffix)  Firm or Business Affiliation: Marcus R. Mumford, P.C.
	Mailing Address: 405 S. Main Street, Ste. 975
	City: Salt Lake City State: UT Zip: 84111
	Phone Number: (801) 428-2000 Fax Number: (801) 983-6405
	Business E-mail Address: mrm@mumfordpc.com

association. (See attached letter of explanation.)  CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:  Per LR 83-3(a)(3), I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in for for the duration of the case, including any appeal proceedings.  REPRESENTATION STATEMENT:	BAI	R ADMISSIONS INFORMATION:
1/6/2003; California (243270) - admitted 6/6/2006; Utah (12737) - admitted 10/20/2009  (b) Other federal court admission(s), date(s) of admission, and bar ID number(s): USCA 6th Circuit − 12/10/2001; USCA 9th Circuit - 8/15/2006; USCA 10th Circuit - 8/9/2010; USDC for SDNY - 2/1/2005; USDC for EDNY - 2/1/2005; USDC for C.D. Cal 6/26/2006; USDC for N.D. Cal 6/4/2007; USDC for D. Utah - 10/20/2009; USDC for D. Idaho 9/14/2010  CERTIFICATION OF DISCIPLINARY ACTIONS:  (a) □ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or  (b) □ I am now or have been subject to disciplinary action from a state or federal barssociation. (See attached letter of explanation.)  CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:  Per LR 83-3(a)(3), I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in for for the duration of the case, including any appeal proceedings.  REPRESENTATION STATEMENT:	(a)	State bar admission(s), date(s) of admission, and bar ID number(s):
admitted 10/20/2009  (b) Other federal court admission(s), date(s) of admission, and bar ID number(s): USCA 6th Circuit – 12/10/2001; USCA 9th Circuit - 8/15/2006; USCA 10th Circuit - 8/9/2010; USDC for SDNY -2/1/2005; USDC for EDNY - 2/1/2005; USDC for C.D. Cal 6/26/2006; USDC for N.D. Cal 6/4/2007; USDC for D. Utah - 10/20/2009; USDC for D. Idaho 9/14/2010  CERTIFICATION OF DISCIPLINARY ACTIONS:  (a)		New York (4004008) - admitted 11/14/2001; Idaho (6585) - admitted
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Circuit - 8/9/2010; USDC for SDNY -2/1/2005; USDC for EDNY - 2/1/2005; USDC for C.D. Cal 6/26/2006; USDC for N.D. Cal 6/4/2007; USDC for D. Utah - 10/20/2009; USDC for D. Idaho 9/14/2010  CERTIFICATION OF DISCIPLINARY ACTIONS:  (a)		admitted 10/20/2009
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	equi State	valent to liability insurance, that meets the insurance requirements of the Oregon e Bar for attorneys practicing in this District, and that will apply and remain in force
Lam representing the following party(s) in this case: Ammon Bundy	REI	PRESENTATION STATEMENT:
Tum representing the following party (b) in this case:	I am	representing the following party(s) in this case: Ammon Bundy

**CM/ECF REGISTRATION:** 

**(6)** 

I certify that I am a member in good		C 4 41 4 T 1	1 1 1	. 1.1
requirements of LR 83-3, and that I v				
<b>DATED</b> this day	of,			
		Jay M. Philpo	<u>ot</u>	
Name:				
(Last Name)	(First Name)		(MI)	(Suffix)
Oregon State Bar Number:				
Oregon State Bar Number: Firm or Business Affiliation:				
Firm or Business Affiliation:				
Firm or Business Affiliation:  Mailing Address:  City:	State	::	Zip:	
Firm or Business Affiliation: Mailing Address:	State	::	Zip:	

Judge

**DATED** this \_\_\_\_\_\_ day of \_\_\_\_\_\_, \_\_\_\_\_